CHICAGO OPHTHALMOLOGICAL SOCIETY
Joint meeting with the Chicago
Medical Society, May 13, 1914

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AMERICAN FOUNDATION
FOR THE BLIND INC.

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cases to a degree by the use of uro-atropine if we start early enough, and it is also good as a prophylactic agent.

Paul Guilford, Secretary.

JOINT MEETING OF THE CHICAGO MEDICAL SOCIETY AND CHICAGO OPHTHALMOLOGICAL SOCIETY HELD MAY 13, 1914.

Dr. W. H. Peck, president of the Chicago Ophthalmological Society, in the chair.

There was a symposium on "The Prevention of Blindness."

Dr. Frank Allport read a paper on "Conservation of Vision," in which he said that societies for the conservation of vision have been formed in various portions of the United States. They exist under different conditions. The membership in some is medical and in others both lay and medical. In Pennsylvania, Indiana, Missouri, etc., the organization exists as a committee of the State Medical Society; in New York, Illinois, etc., independent associations have been formed; in Ohio the "Commission," as it is called, is a part of the state government. There is also a national association, independent in its nature, and mixed in its membership. Some of these associations, such as New York, Massachusetts, Maryland, Ohio, etc., are doing energetic work, while others are inactive and almost useless.

At the 1913 meeting of the American Medical Association the council on health and public instruction appointed a committee on conservation of vision, of which the speaker was appointed chairman. The object of this committee was to produce interest and action in conserving vision and endeavor to concentrate under the auspices of the American Medical Association activities calculated to preserve the sight of this and coming generations. The work of this committee began by utilizing the machinery of the association. The council on health and public instruction sends out each week a sheet called *The Press Bulletin.* This is sent free to nearly six thousand newspapers, and the printed matter upon its face can be used by the papers as editorials, news matter, etc. This printed matter consists of short, plainly written articles on health topics. They are unsigned. The council also employs clipping bureaus and through them it is ascertained that these articles are very extensively used and are shaping public thought along medical lines in this country. The committee on conservation of vision has an appropriate article in the *Bulletin* each week and it is felt that this is a most important part of its work, as it reaches so many people and is under direct control.

The next work of the committee was to write, print and circulate twenty pamphlets on popular eye topics. The authors' names are printed on these. They are short articles, plainly written, so that non-medical people can easily understand them. They also are well illustrated. They are for sale at five cents a copy, but are also freely given away on proper application. Sets of these pamphlets have been sent to public libraries, women's clubs, teachers' institutes, state legislatures, health boards, etc., all over the United States.

Next it seemed desirable to the committee to create a national sentiment in favor of consevration of vision and for this purpose it was determined that lectures on this subject should be delivered in each state. A lecture bureau manager was appointed in each state, who was willing to superintend the work in his state. Where a state organization for conservation of vision existed, one of its officers was selected to carry on the work, but where no such organization existed, a prominent, energetic and willing oculist was selected. This "state manager," as he was called, was to enlist the assistance of all the oculists he could, acting, wherever possible, in harmony with local and state medical societies, both ophthalmological and general. Prominent and energetic oculists were to be found to give lectures on the conservation of vision, such lecturers to reside in different portions of the state, so that long and expensive journeys should not be necessary. The state manager corresponded with local medical societies, women's clubs, teachers' institutes, boards of health and education, etc., and arranged for these lectures, by invitation. The expenses of the lecturer were to be paid, if possible, by the organization issuing the invitation. The lectures were to last about one hour, and were to be given in plain and unscientific language, with a discussion following. In order to make these lectures easy to deliver, the committee prepared a box of about thirty colored and uncolored stereopticon slides and sent them to each state manager, to be loaned to his associates in the work, whenever a lecture was to be delivered. In addition to this a pamphlet was prepared, entitled "A Plan of Campaign for the Conservation of Vision." This pamphlet contained a full description of the plan, and what it was proposed to accomplish. A kind of skeleton lecture was included in it, suggesting subject, etc., to be referred to in lecturing. These pamphlets were freely dispensed to all state managers, who distributed them to their associates in the work. Each lecturer was also placed on the mailing list for the *Press Bulletin,* and also received a complete set of the "Conservation of Vision Pamphlets." Quantities of the Vision Charts for Schools were also sent into each state. While these lectures were intended to cover all avenues of vision conservation, it was especially hoped that it would result in the use of the Crede treatment of the eyes of all new-born babes; in the lessening of shop accidents; and in the annual and systematic examination of all school children's eyes by school teachers; for it is reasonably certain that if these three procedures could be universally adopted, eighty per cent. of all blindness could be eliminated from this country. The establishment of measures referred to above could be accomplished at an annual cost of the eye, but I removed the steel and the man has 20/20 vision.

Dr. A. L. Adams stated that he was impressed with Dr. Tivnen's advice to have an X-ray examination in cases of doubt as to the presence of foreign bodies in the eye. He cited a case where the attending physician diagnosed contusion of the eye and he was unable to find any evidence of penetrating injury, as he was unable to make an examination of the fundus of the eye. In this case the X-ray cleared up the matter immediately and a foreign body was shown lodged just posterior to the eye in the optic nerve. The foreign body penetrated the lid in a transverse way, so that the wound had closed and was unnoticed. In doubtful cases you get much information from the use of the X-ray, even though there is no suspicion of a foreign body being in the eye.

Dr. Carl B. Wilkin was pleased to hear the statement made as to not placing too much reliance upon the word of the patient as to a foreign body being in the eye. In a recent case a patient had stated that he felt something strike his eye. On examination a foreign body could be seen in the retina, but with a magnifying glass no point of entry could be seen. In twelve hours the fundus was so opaque the fundus could not be seen. A spiral incision was made and the body removed. The procedure should be, first, the ophthalmoscope; second, the X-ray, and then the exact localization by means of the X-ray.

Dr. M. H. Lebensohn said that in the prognosis of disease it is well to remember the resistance of the patient. A man who was blasting on the railroad got a foreign body in his eye and after several weeks the X-ray showed the steel, which looked like a cap. After it was extracted it proved to be nothing but a small piece of exudate. The man made a healthy recovery.

Another case was a man who had a piece of steel in his eye six weeks. It was located in the lens and a cataract was taken out at the same time. The lens was extracted and that same evening he was walking around in the basement smoking a cigar. This was due to nothing but the man's great resistance.

Dr. Lebensohn recommended strongly the use of cyanide of mercury in sympathetic ophthalmia. In a recent case the eyesight had not been saved altogether, but the vision had been improved.

Dr. Tivnen, in closing the discussion, stated that he was glad that the speakers were unanimous regarding the accepting of the patient's word. In a recent case where there was no evidence of an entrance wound the fluorescent test was used and the patient about to be dismissed. Before dismissing him, however, a drop of cocaine was dropped into his eye and he was taken into the dark room. This was done without any apparent reason, but the result was amazing, as a piece of steel was laying on the retina.

The type of cases that give us the most worry are those of perforating injuries of the eye, with no foreign body in the eye and the patient declines to have the globe enucleated. It is easy in the case of a woman or young child to allow ourselves to be influenced. If we will read Fuch's article we will obtain the method of procedure definitely and positively, and any variation is apt to result disastrously. His dictum is perception, projection test and also tension of the eye. When they fail do not wait any longer.

A good work for this society would be to teach the radiagraphers to specialize in their work; for instance, we might concentrate upon two or three men in this city who will give the time and acquire the necessary equipment to localize these foreign bodies, occasionally bringing them here, perhaps, to demonstrate their plates.

On motion of the secretary the president appointed a committee of three, consisting of Drs. Tivnen, Lamothe and Nance, to investigate the nature of the contents of golf balls.

THE MODERN THERAPY OF PNEUMOCOCCIC INFECTIONS OF THE EYE.

Dr. Harry S. Gradle stated that in the past our ideas of virulence had been gained by animal experimentation, but it has been recently shown that the pneumocccus in a 24-hour culture will assume one of three types; first type, small, delicate, lanceolate pneumococcus. It is very virulent. The second type forms the larger diplococcus, somewhat more rounded. This is not so virulent and is a more common type. The third type grows very luxuriantly and is not so highly virulent. In a culture it would be taken for a true streptococcus.

The new drug, ethyl-hydro-cuprein is an absolute specific against the true pneumococcus in every respect. It has not a great penetrative power and we cannot use the drug in closed cavities because it is highly toxic. It is very soluble in water, and as it is irritating, should be preceded by a cocaine anæsthetic. The use of this drug in pneumococcic infections of the eye will cause them to disappear in two or three days. In the pneumococcic infections of the tear-sac the treatment depends upon whether the condition is accompanied by stenosis. If not we can syringe out the passages with a 1 per cent solution of ethyl-hydro-cuprein and get rid of the condition in a short time. Our most important advances in the line of pneumococcic affections of the eye have been made in serpiginous ulcers.

Wessely's steam cautery is a small instrument with two tubes going through it, one solid metal tube being kept at a temperature of 100 degrees centigrade. With that the anæthetized cornea is massaged for a period of three minutes. Too short use of this instrument is dangerous, as it only numbs the organ. The steam must have a chance to kill the organisms. In severe cases we must resort to the steam cautery. In the intra-ocular affections there is no advance in the therapy. We can influence those which would not exceed $250,000. It costs $15,000,000 a year to care for the dependent blind in this country alone, to say nothing of those children more or less incapacitated by defective or diseased ears, noses and throats.

Emphasis should be laid on several points connected with the annual systematic examinations of school children's eyes, etc., by school teachers. *First,* the examinations are simple and require no medical education. *Second,* teachers are not expected to make diagnoses. They merely ascertain the fact through the questions that something is wrong, and leave the rest to the doctor selected by the family for consultation. *Third,* a child can be easily examined in five minutes and each teacher should examine the children attending her own room. By subdividing the work in this way, all the children in any city of any size can be easily examined in one day—a definite day—in the early fall—of each year should be set aside for these tests in all cities. *Fourth,* these tests not only benefit the children by leading to the correction of their eye, ear, nose and throat defects, but the correction of these defects benefits the teachers because such corrections usually add materially to the intellectual and moral character of the children, thus rendering them much easier to teach, and more pliable to discipline. Teachers should, therefore, be glad to do this work. *Fifth,* there is no objection to these examinations being made by doctors or school nurses. This, however, would cost large sums of money and boards of education and health are never allowed enough money for even ordinary purposes. This is a fact which might as well be frankly recognized and acted upon. The teachers are capable of doing it, and it takes no extra time. It is a benefit to themselves as well as to the children. It costs practically nothing; therefore, let it be done in this way.

The question may be pertinently asked, "What has been the result of the state lectures?" This has varied greatly in different states. The state managers accepted the work voluntarily after the ideals were thoroughly explained. After a promise of conscientious work was given the box of slides and printed matter were sent, representing an outlay of about $25 for each state. In some states this ended the matter, and so far as the chairman of the committee knows, no work whatever has been done in some states, no lectures delivered and nothing accomplished. Letters have remained unanswered and appeals unheeded. This has, therefore, been rather discouraging. In other states the work, for one reason or another, has been delayed, but still something has been done, as many lecture engagements have been made for next fall. But, the speaker was glad to say, in most of the states honest, conscientious work has been accomplished and excellent results achieved. The results are, of course, not all that could be desired, but still, considering that this is the first year of the committee's existence, Dr. Allport felt that he should be very grateful to those gentlemen who have given this project their time, their labor and their means.

As to the future of the work he would recommend:

1. The continuance of a weekly article on the eye for the *Press Bulletin* of the council on health and public instruction.

2. A few more conservation of vision pamphlets on interesting subjects and the increased circulation of these pamphlets.

3. The continuation of the conservation of vision lectures in the various states. Many more of these lectures should be delivered and the state managers should be changed, where the present managers have not shown a reasonable interest in the work. From twenty to twenty-five new slides for the stereopticon should be made that will more fully illustrate the subject.

4. The speaker was at first in favor of encouraging the formation of state societies for the conservation of vision, these societies to possess complete self-government, but all of them to declare themselves in affiliation with the committee on conservation of vision of the council on health and public instruction of the American Medical Association, by a slender thread of connection. He was also in favor of asking those states already possessing state organizations to join with the committee in the same sort of affiliation. Also of proposing an annual meeting of this affiliated organization and the formation of a national body of this nature for the conservation of vision. But time and experience have considerably modified his views, and he now believes that other plans are better.

First, there is already a national society of this nature. It is, it is true, highly inactive, but still it exists and should, he believes, be encouraged to an awakening activity. Second, local conditions in many of the states are not conducive to friendly assistance. However well meant, it is in some states regarded as meddlesome interference, as an effort to rob existing organizations—whether active or lethargic—of some credit, which it is felt should remain with the local organization and not be shared with even a well-intending interloper. These views are but natural to those people who have worked hard to develop a praiseworthy state society. They want the credit for their work, and should have it, and he believes it is better that they should be let alone and not asked to merge their identity or work with that of another organization. His recommendation, therefore, for the future is that this committee shall do what it can to inspire the formation of state conservation of vision organizations, either as independent medical and lay societies or as commissions of the state governments. It should stand ready to advise and assist such work in any possible mannner, but it should not suggest a formal connection of any description with the committee of the American Medical Association. This committee should also be equally ready to advise or assist state organizations that already exist and should co-operate with them in any way they may properly request.

He would also recommend that the work of the committee be extended, so that it shall become a potent power in the community. It should have a central office, with a paid, interested, intelligent, energetic secretary, who could and would from time to time journey from state to state, upon request, and assist in the formation and perpetuation of state societies for the conservation of vision. His traveling expenses should be paid by those who summon him to the various localities. He should have a well-equipped office, with one or two stenographers, and a library and files, containing *everything* that is printed on the subject of conservation of vision. This office should be recognized as a central bureau of assistance, advice, literature, laws, etc., where all questions concerning this subject can and will be intelligently and willingly answered. The work of such an office would be enormous and its influence widespread. But to do this considerable money would be absolutely necessary and he would, therefore, recommend that this money should be forthcoming from some source, and that the good work be encouraged to go on. He would also advise the distribution in all schools of crisply and plainly written leaflets concerning the care of eyes, ears, noses and throats These should be taken home, so that the parents could read them. They should be printed in various languages. Perhaps even a better plan would be to have suggestions of this kind printed on the blank flyleaf of all school books. This would cost almost nothing extra and the benefits to be derived would be incalculable.

Dr. Richard J. Tivnen presented a paper, illustrated by stereopticon, on "Blindness Due to Ophthalmia Neonatorum."

An extended review of the subject was given and numerous tables shown illustrating the prevalence of ophthalmia neonatorum, the proportion of the disease in relation to blindness from all causes and the proportion of blindness caused by ophthalmia neonatorum. From these conclusions were drawn that one-eighth of blindness from all causes is due to this disease and one-fourth of the blindness among children is attributable to the same cause.

A comparison of the cases of ophthalmia neonatorum to all diseases of the eye showed:

	Per Cent.
1. Illinois Charitable Eye and Ear Infirmary, Chicago	1.30
2. Massachusetts Charitable Eye and Ear Infirmary, Boston	1.04
3. Manhattan Eye, Ear and Throat Hospital, New York	0.03
4. New York Eye and Ear Infirmary, New York	0.08

A comparative table showing blindness caused by ophthalmia neonatorum showed:

	Cases.	Per Cent.
Magnus' table of 2,528 cases of blindness in Germany, ophthalmia neonatorum caused blindness in	275	10.876
Trousseau's table of 625 cases of blindness in France, ophthalmia neonatorum caused blindness in	29	4.60
Oppenheimer's table of 572 cases of blindness in the United States, ophthalmia neonatorum caused blindness in	18	3.10

The census returns from England and Wales (1901) showed one-third of the cases of "Blind from childhood" were blinded by ophthalmia neonatorum, approximately 1,500. Causes of blindness in London school children (based on 362 cases) showed ophthalmia neonatorum to be the most frequent cause of blindness, with a percentage of 36.36. Other statistics gathered by various workers showing percentage of blindness produced by ophthalmia neonatorum are as follows:

	Pct.
Reinhard, Germany, Austria, Denmark, Holland	40
Claisse, Paris	46
Magnus, Breslau	34
Katz, Berlin	41

The "Special reports on the blind and deaf (1901), United States census," showed 2,556 lost sight after birth but under one year of age, and in 644, or 25.2 per cent of these cases, the cause of blindness was probably ophthalmia neonatorum.

The New York Association for the Blind in a pamphlet on this subject states:

"The official census of New York state (year 1906) gives a total of 6,200 blind persons in the state. Ten per cent of the blindness (or 620 blind persons) was due to ophthalmia neonatorum."

The same observers present tables from eleven schools of the blind throughout the United States and Ontario, showing the proportion of children admitted during the year 1907 who had lost their sight from ophthalmia neonatorum. These percentages show a maximum of 50 per cent and a minimum of 12.50 per cent of cases who had lost their sight from this disease.

A reference to the activity of midwives and obstetric practice showed that "In Chicago in 1904 86 per cent of all births, principally among Italians, were reported by midwives. In Buffalo nearly one-half of the births in one year were attended by midwives. In New York City, in 1905, 43,834 births, or 42 per cent of the whole number, were attended by midwives. For the year 1907, in New York City, there were 68,186 births reported by physicians and 52,536 reported by midwives. In September, 1908, the registered midwives in the five boroughs of New York City numbered 1,382."

The author of these reports well concludes: "In the face of these figures it is idle to talk of the elimination of the midwife."

The essayist touched on the economic side of the question, stating that it costs the state $3,000 to educate a blind child, and referring also in this connection to the cost of the equipment and maintenance of blind schools and the loss in the earning capacity of the individual and the curtailing of "avenues of opportunity" which the blindness imposes.

A consideration of the etiology, pathology and clinical course and treatment of the disease was presented and a plea made for a more general use of Crede's method of prophylaxis. The essayist also made known the plan which the committee of the Chicago Ophthalmological Society is inaugurating to aid in the prevention of infections due to ophthalmia neonatorum. In brief, it was the plan described by the New York Association for the Blind and was designed to follow three general lines:

1. Educational.
2. Legislative.
3. Co-operative.

Educational.—Through the preparation, publication and dissemination of printed matter emanating from the committee or approved by it; through public lectures, addresses and exhibits, and by means of the press, upon whose generous assistance the committee greatly relies.

The object sought is to spread among the general public the knowledge that infant ophthalmia is a dangerous, infectious disease, fatal to sight unless checked at the time of the birth of the child, easily preventable then if simple precautions are taken; to inform parents, more especially, of the dangers which threaten the sight of their children at birth and the preventive measures which should be taken, and to advocate the universal adoption of such measures.

Legislation.—To promote such legislation as may be needed to accomplish the object in view—the prevention of the unnecessary blindness of infants.

Co-operation.—In furtherance of the same object the committee seeks and invites co-operation with medical societies, health officers, ophthalmic, maternity and other hospitals in which children are born; dispensaries, city missions settlements; with schools, institutions and associations for the blind, and with all societies engaged in work for children and for social betterment; with district visiting nurses and with all persons who are already engaged in this work or who desire to help in it.

THE COST OF BLINDNESS TO THE STATE.

Dr. Thomas Woodruff said that much of the blindness of the world is due to causes that are easily preventable and this can be done at a cost that is small compared with what is needed to educate and care for those who have been deprived of sight. Any individual who through some cause or other has his sight destroyed has his earning power absolutely taken from him. He must become dependent upon outside aid for his future maintenance, and the community loses an asset consequent upon his withdrawal from productive activity. If the blindness occurs in early childhood, the greater the cost to the state. The blind child must be educated in schools specially provided, special teachers are required, and the cost is proportionately higher than in schools where the seeing child receives instruction.

It costs the state of Illinois over $300 a year for the maintenance of each blind person under its care. That is, the state of Illinois pays out approximately $100,000 a year for the education and maintenance of the blind under its immediate care.

The cost of maintenance to the United States of the dependent blind is about $10,000 per capita through life. It costs this country all of $25,000,000 a year in taking care of the blind. Then there is the matter of unemployment and reduced earning capacity. The average wage of those of the blind men who are employed is $7 a week; that of the woman, about $3 a week. There is no definite data as to the number of blind employed.

Now, as to the cost of preventing unnecessary blindness, and a conservative estimate places the number of cases of preventable blindness at about 40 per cent of the total number. The cost to the community consists of cost of treatment at the onset of the disease, cost of educating the blind, and cost of maintenance, and added to this is the loss occasioned by unemployment as well as reduced earning capacity of the one afflicted.

The cost of treatment is difficult to estimate, as can readily be seen, but this is the smallest item.

As to cost of prevention, let us take the most frequent and most potent cause, as well as the most preventable and most unnecessary form of blindness —ophthalmia neonatorum.

A 1 per cent solution of nitrate of silver instilled into the eye at birth is a sure preventive. Nitrate of silver is cheap. Add to it the cost of containers and expense of distribution and we can save babies' eyes at the rate of two for a cent. Compare this insignificant sum with the cost of blindness. It would cost $25,000 a year to save the eyesight of the 2,000,000 babies born each year in this country, as against the $25,000,000 to educate and maintain those who have lost their eyesight through carelessness and neglect.

WHAT THE STATE CAN DO TO PREVENT BLINDNESS.

Dr. Willis O. Nance said that it is a shame that the example set by Illinois five decades ago in establishing an institution having for its object the worthy aim of preventing its indigent citizens from becoming blind or deaf has not been followed by other commonwealths, except in a very few instances. The number of citizens who owe their useful vision to the care of this institution must number in the thousands.

Illinois, for more than a decade, has had a law on its statute books requiring that midwives report within twenty-four hours all cases of "babies' sore eyes." The penalty for non-compliance with the provisions of this statute is a maximum fine of $100 or six months' imprisonment, or both. It is possible that the existence of this law has been the means of saving some infants' eyes, but every oculist in Chicago knows that the statute is not enforced to the extent that it should be.

Chicago has an ordinance requiring that physicians, midwives or other attendants report every case of ophthalmia neonatorum to the department of health within twenty-four hours after its occurrence.

Strict enforcement of these two laws would, Dr. Nance believes, accomplish much in the prevention of blindness in our community.

The state might also with propriety go back even farther than the conscientious enforcement of the midwife notification law. It might with decided advantage make much higher the requirements for the practice of midwifery in Illinois. It might also require that midwives employ the Crédé prophylactic method at every birth, as is done in some states.

The Chicago ordinance requiring that all cases of ophthalmia neonatorum be reported to the health department might well be made a state law. State legislation requiring report of all births, with the information as to whether prophylactic drops were employed or not and "if not, why?" might well be adopted. It might be well to have printed instructions for the care of babies' eyes printed, as occasion demanded, in various languages, circulated in the homes.

Free distribution of nitrate of silver drops by the state should be encouraged. In at least one state, the speaker has been told, these ampoules of silver are sent to every practicing physician and midwife, irrespective of request. They are inexpensive and a comparatively small appropriation is necessary to provide every person who performs obstetrical work with them.

Ample hospital service for the treatment of cases of ophthalmia occurring among the needy should be provided by the state. Illinois, through her state infirmary, has done better for these cases than have most of the states of the Union. Yet she could go even farther by training in her infirmary to handle such cases. A training school for nurses with a course extending over a period of several weeks or months might well be established and maintained at the state infirmary in this city.

Trachoma, responsible for about one-tenth of all blindness in Illinois, must also be reckoned with by the state. This means more adequate enforcement of laws affecting the sanitation of houses, institutions, etc. The ordinance prohibiting the common towel in public places, passed by the Chicago city council at the instance of the speaker, might with equal value be made effective throughout the state.

Ocular injuries are responsible for perhaps 5 per cent of blindness. The greater number of these injuries are preventable, many of them being due to carelessness and ignorance.

The explosive golf ball has entered the realm of sight destroyers to quite an extent the past few years.

Industrial injuries do not seem to be occurring with the same degree of frequency that they did in the past. Manufacturers and railroad officials are furnishing much better means of protection for their employes than formerly. In this connection, however, the state might well attempt to prevent the removal of foreign bodies from the eyes of workmen and others by non-medical men. Every oculist of experience has seen the dire results following this practice.

Wood alcohol blindness has become of sufficiently frequent occurrence to demand better regulation of its use in industrial pursuits and in its sale to the public.

The state can accomplish much in preventing defective vision and blindness on the part of its citizens by improvement in the school system, so far as it relates to the illumination of schoolrooms, the size and position of desks and seats, the size and character of the print of books, the kind of paper used, etc. The state might with prudent propriety demand that school superintendents, principals and even teachers have some knowledge of physiologic optics, the effects of poor illumination, etc., before they are permitted to qualify for their positions under the law. The state can do much to prevent blindness, but it cannot be expected to shoulder the entire work and responsibility. Through its various institutions and officials it can do much to spread the gospel of education—a decidedly potent factor in the propaganda we are promoting especially at this meeting. Through its lawmaking bodies and executive departments it can assist materially.

There was no discussion on the symposium and the meeting adjourned.

Paul Guilford, Secretary.

Personals

Dr. R. H. Willingham, of Elizabethtown, has purchased the practice of Dr. Kurtz at Neoga.

Dr. Albert J. Roberts, Ottawa, has been reelected physician of La Salle county.

Dr. William E. Buehler has been elected president of the Public Safety Commission.

Dr. R. L. Kurtz, Neoga, formerly secretary of the Cumberland County Medical Society, has removed to Nowata, Okla.

Dr. Thos. Morgan has removed from Goreville, Illinois, to 644 East Second street, Alton, Ill.

Dr. Albert F. Storke, for five years president of the Board of Health of Oak Park, has resigned.

Dr. and Mrs. Joseph L. Hancock and daughter have returned after an extensive trip through the west, including California.

Dr. W. A. Newman Dorland has resigned as professor of obstetrics in the Bennett Medical College.

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